

TORRANCE PUBLIC LIBRARY

“ASSIST” PROGRAM REGISTRATION FORM

This form is for the **ASSIST** (A**ccessible** S**ervices** for S**eniors**—I**nf**ormation, S**ystems**, T**echnology**) **P**rogram of the Torrance Public Library. All information will be kept confidential. Please print.

Last Name: _____ **First Name:** _____

Address: _____

Phone number: _____ **Age (optional):** _____

➤ How did you find out about the Torrance Public Library **ASSIST** program?

➤ Have you used the Torrance Public Library before today? How often?

If so, which collections and services have you used?

➤ Which types of **ASSIST** services might you use? (check all that apply)

- ☐ Print magnifying devices
- ☐ Personal computers
- ☐ Mobility devices – scooter, walker, wheelchair
- ☐ Large print books
- ☐ Descriptive videos
- ☐ Braille talking books
- ☐ Other audio books

➤ Would you like to be scheduled for an orientation to any of the ASSIST services? Check your interests below. A Library staff member or volunteer will contact you for an appointment if an orientation cannot be given today.

- ☐ How to use the library’s motorized scooter, wheelchair and walker (inside of the Katy Geissert Civic Center Library building).
- ☐ How to use the ASSIST computer workstations for Internet access, word processing, and library resources.
- ☐ How to use print magnification devices such as our CCTV (closed circuit television).
- ☐ Where to find large print books, audiobooks, descriptive videos and/or Braille talking books in the library.
- ☐ Where to go in the library to borrow specialized devices to help you with your visit, such as a grabber, a reading pen, and a reading lamp.

➤ Are you interested in home delivery of library books and/or audio materials?

(over)

PLEASE HELP THE LIBRARY SERVE YOU BETTER BY PROVIDING THE FOLLOWING OPTIONAL INFORMATION:

➤ What prompts you to use the **ASSIST** Program? (check all that apply) (Optional)

- ☐ Low vision
- ☐ Hearing difficulty
- ☐ Limited mobility
- ☐ Other – please describe: _____

➤ Which library locations do you use on a regular basis? (check all that apply) (Optional)

- ☐ Katy Geissert Civic Center Library
- ☐ El Retiro Branch Library
- ☐ Henderson Branch Library
- ☐ North Torrance Branch Library
- ☐ Southeast Branch Library
- ☐ WALTERIA Branch Library
- ☐ Other library – please list: _____

➤ How do you get to the library? (check all that apply) (Optional)

- ☐ Drive myself
- ☐ Get a ride from a friend or family member
- ☐ Taxi
- ☐ Bus
- ☐ Walk
- ☐ Other _____
- ☐ I rarely can get to the library because _____

If you already have a Torrance Public Library card, please exchange it for a special **ASSIST** card that will enable the use of **ASSIST** technology.

ASSIST Library Card Number: _____

You will also need a user name in the format of first initial/last name to access the workstations.

Note: The Torrance Public Library will provide an orientation to the library and its ASSIST technology, but cannot provide in-depth instruction in the use of computer programs. Staff can direct patrons to books or classes for this information.

Agreement

I agree to follow all rules and regulations regarding the use of Torrance Public Library materials and services. The Library's Acceptable Use Policy has been explained to me and I agree to abide by its provisions. I will inform library staff of any problems with equipment and/or software. I understand that the library cannot be held liable for injuries resulting from the use of the scooter, walker or other adaptive equipment.

Signature

Date

Application taken by: _____
Date: _____